

DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY

Docket Number (optional)

60300-USA

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled Toothpaste Compositions with Reduced Abrasivity, the specification of which is attached hereto unless the following box is checked:

☒ was filed on February 4, 2004, as United States Application Number _____ or PCT International Application Number PCT/US2004/003242, and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by and amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35 USC §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s)

Priority Not Claimed

(Number) (Country) (Day/Month/Year Filed) ☐

(Number) (Country) (Day/Month/Year Filed) ☐

I hereby claim the benefit under 35 USC §119(e) of any United States provisional application(s) listed below.

60/445,376 February 5, 2003
(Application Number) (Filing Date)

60/479,690 June 19, 2003
(Application Number) (Filing Date)

(Application Number) (Filing Date)

I hereby claim the benefit under 35 USC §120 of any United States application(s), or §365(c) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 USC §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

(Application Number) (Filing Date) (Status - patented, pending, abandoned)

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

John M. Sheehan -- 26,065 Marcia D. Pintzuk --33,756

Paul A. Fair -- 35,866

Address all telephone calls to: **Paul A. Fair -- 215-299-6723**

Address all correspondence to: Patent Administrator
FMC Corporation
1735 Market Street
Philadelphia, Pennsylvania 19103

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor (given name, family name): Vijay Kamalakant Gadkari

Inventor's signature: _____ Date: _____

Residence: Mumbai, India Citizenship: IN

Post Office Address: 4/34 Seema, N. Datta Road, R Bunglow, Andheri, Mmbai India 400053

☒ Additional inventors are being named on separately numbered sheets attached hereto.

DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (continued)

For the invention entitled: Toothpaste Compositions with Reduced Abrasivity

Full name of second joint inventor, if any (given name, family name): Vinayak Bhalechandra Randive

Inventor's signature: _____ Date: _____

Residence: Thane, India Citizenship: IN

Post Office Address: B 67/302, Muchkund Cooperative Society, Vasant Vihar, Pokhran Road No. 2, Thane, India 400601

Full name of third joint inventor, if any (given name, family name): Mahlingam Ramanan Venkat

Inventor's signature: _____ Date: _____

Residence: Mumbai, India Citizenship: IN

Post Office Address: 518/15 Kalptaru, Goshala Road, Mulund (West), Mumbai, India 400080

Full name of fourth joint inventor, if any (given name, family name): Namita Ashok Betrabet

Inventor's signature: _____ Date: _____

Residence: Mumbai, India Citizenship: IN

Post Office Address: 4 B Maria Apartments. 78, Pali Hill Road, Bandra, Mumbai, India 400050

Full name of fifth joint inventor, if any (given name, family name): Sitaram Anant Kadam

Inventor's signature: _____ Date: _____

Residence: Mumbai, India Citizenship: IN

Post Office Address: Indraprastha, 102, 1st Floor, Opposite Jaihind Cinema, Dr. B A Road, Mumbai, India 400012

Full name of sixth joint inventor, if any (given name, family name): _____

Inventor's signature: _____ Date: _____

Residence: _____ Citizenship: _____

Post Office Address: _____

Full name of seventh joint inventor, if any (given name, family name): _____

Inventor's signature: _____ Date: _____

Residence: _____ Citizenship: _____

Post Office Address: _____

Full name of eighth joint inventor, if any (given name, family name): _____

Inventor's signature: _____ Date: _____

Residence: _____ Citizenship: _____

Post Office Address: _____

Full name of ninth joint inventor, if any (given name, family name): _____

Inventor's signature: _____ Date: _____

Residence: _____ Citizenship: _____

Post Office Address: _____

Full name of tenth joint inventor, if any (given name, family name): _____

Inventor's signature: _____ Date: _____

Residence: _____ Citizenship: _____

Post Office Address: _____